



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: UNION HOSPITAL (CLINTON)

City of Hospital: Clinton

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Tammie Brown

Email Address: fatsb@uhhg.org

Medicare Provider Number: 15-1326

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9685343
Outpatient Patient Service Revenue	\$62606284
Total Gross Patient Service Revenue	\$72291627

2. Deductions From Revenue

Contractual Allowance	\$45569822
Other Deductions	\$4347429
Total Deductions	\$49917251

3. Total Operating Revenue

Net Patient Service Revenue	\$22374376
Other Operating Revenue	\$400773
Total Operating Revenue	\$22775149

4. Operating Expenses

Salaries and Wages	\$7772320	Employee Benefits	\$2152437
Depreciation and Amortization	\$1028766	Interest Expense	\$799
Bad Debt	\$0	Other Expenses	\$11379568
Total Operating Expenses	\$22333890		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$441259	Total Assets	N/A
Net Non-operating Gains over Loss	\$8005	Total Liabilities	N/A

Total Net Gains	\$449264
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32574607	\$19394381	\$13180226
Medicaid	\$18644011	\$16749327	\$1894684
Other Government	\$816895	\$0	\$816895
Other State	\$419291	\$209004	\$210287
Other Payers	\$19836823	\$9217110	\$10619713
Total	\$72291627	\$45569822	\$26721805

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4787	\$-4787

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$5000	\$72339	\$-67339
Hospital Patients	\$0	\$67241	\$-67241
Community Education	\$0	\$1903	\$-1903

Number of Medical Professionals Trained	11281
Number of Hospital Patients Educated	10728
Number of Citizens Exposed to Health Education Messages	1654

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$478744	
HCI Payments	\$0		
Subtotal	\$0	\$478744	\$-478744
Medicaid Shortfalls	\$0	\$755149	
Subtotal	\$0	\$1233893	\$-1233893
DSH Payments	\$0		
Subtotal	\$0	\$1233893	\$-1233893
Medicare Shortfalls	\$0	\$9002452	
Other Government Programs	\$0	\$0	
Total	\$0	\$10236345	\$-10236345

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$47809	\$-47809
Other Allocations	\$0	\$0	\$0

Comments

We have filed an extension for the 990. Will update the remainder once the 990 has been filed.

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